


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000038196 1. Entity Name DOLIN LIVERY SERVICES LLC	
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Principal Place of Business 4103 SE FAIRWAY EAST STUART, FL 34997 US	Mailing Address 4103 SE FAIRWAY EAST STUART, FL 34997 US
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DO NOT WRITE IN THIS SPACE



01142007No Chg-LLC

CR2E083 (11/05).

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DOLIN, JAMES F 4103 SE FAIRWAY EAST STUART, FL 34997

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

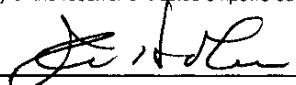
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOLIN, JAMES 4103 SE FAIRWAY E STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOLIN, KENNETH 4103 SE FAIRWAY E STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOLIN, KEVIN 5 WEST HOMESTEAD RD SIMSBURY, CT 06070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000592217
01/19/07-80054-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  01/14/07 772 2201018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #